

## PAYEE REGISTRATION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Completion of this form is voluntary. However, completion is necessary for inclusion in the master vendor/payee file.

Housing Agent USE ONLY	
Tenant Name	
County Number	Case Action <input type="checkbox"/> New Landlord <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change
Housing Agent Initials	
Date sent to Finance	

MSHDA USE ONLY	
Entered in Elite (999 MC) and sent to MAIN	
MAIL CODE from MAIN	DATE MC updated in Elite
MSHDA Contact (Optional)	
Phone Number (Optional)	

Landlords may register on-line at [www.cpexpress.state.mi.us](http://www.cpexpress.state.mi.us). (W-9 not required if registration was done on-line)  
Was this landlord registered on-line? ☐ Yes ☐ No

If you have problems accessing the website, call (888) 734-9749. In Lansing area call (517) 373-4111.

Please Type or Print Clearly and return to address below.

<b>1. TAX IDENTIFICATION NUMBER (TIN - must be 9-digit number)</b> FEIN <input type="checkbox"/> SSN <input type="checkbox"/>			<b>2. PROPERTY OWNER NAME (or Legal Business Name - this must match the name appearing on W-9)</b>		
<b>3. STREET ADDRESS – (required) cannot be a Post Office box</b> Street Address: _____ City: _____ State: _____ ZIP Code: _____				<b>4. PHONE – (required)</b>  <b>FAX</b>	
<b>5. E-MAIL ADDRESS – (optional)</b> E-mail Address: _____					
<b>State of Michigan Use Only</b> Y 001 202 Y 001 201 N 001 203 Y 001 204 N 001 ____		<b>6. TYPE OF OWNERSHIP</b> <input type="checkbox"/> Individual/Sole Proprietorship - Name of Individual _____ (Owner's name required on W-9) First Middle Last <input type="checkbox"/> Partnership (Provide FEIN - Federal Employer Identification Number. Partnership does not include marital relationship.) <input type="checkbox"/> Government (Provide FEIN - Federal Employer Identification Number) <input type="checkbox"/> Non-Profit (Provide FEIN - Federal Employer Identification Number) <input type="checkbox"/> Corporation, State of _____ (Provide FEIN - Federal Employer Identification Number) <input type="checkbox"/> Other _____			
_____		<b>7. REMITTANCE ADDRESS (where checks are to be mailed - cannot be mailed to a bank account.)</b> <b>If you registered for the Electronic Funds Transfer, write EFT on Attn line 1 and skip to section 8.</b> Attn – 1: _____ Attn – 2: _____ Street or PO Box: _____ City: _____ State: _____ ZIP Code: _____ Contact Person: _____ Phone: _____ Area Code			

Return completed form to:

### 8. SIGNATURE/DATE

\_\_\_\_\_  
Signature Date

Print or Type Name:

Print or Type Title (Owner, Manager, etc.)

## INSTRUCTIONS FOR COMPLETION OF PAYEE REGISTRATION FORM

Please **TYPE** or **PRINT** clearly the information on the payee registration form. The following instructions are numbered to correspond with the numbered sections on the payee registration form.

1. **Tax Identification Number (TIN):** This is your nine character TAX IDENTIFICATION NUMBER. Enter the number you use when reporting tax earnings as shown on the Request for Taxpayer Identification Number and Certification Form (W-9) which is also included in this package. This may be your Federal Employer Identification Number (FEIN) or your social security number (SSN). Check the appropriate box identifying whether the number you have entered is a FEIN or a SSN. If you are a sole proprietorship, and no FEI # is available, you should enter your Social Security Number. This will be used by the State as your vendor/payee number.
2. **Property Owner Name or Legal Business Name:** The Property Owner Name or Legal Business Name will appear as the payee on your check. If type of ownership is sole proprietor, enter the name as it appears on the W-9 "Name" line. If ownership is a business, enter your company's legal business name as it appears on the W-9 "Business Name" line. If husband & wife ownership and both names need to appear on the check, then the person's name whose SSN is being used should be entered in box 2 and the spouse's/other person's name should be entered on the first "Attn." line.
3. **Street Address:** Your place of residence. Must be a street address, cannot be a post office box.
4. **Phone:** Enter the AREA CODE and PHONE NUMBER. Your extension is optional. Fax number is optional.
5. **E-mail Address:** Enter your e-mail address, if you have one.
6. **Type of Ownership:** Indicate the type of ownership by checking the appropriate box. If ownership type is a corporation, include the State in which you are incorporated.

**Sole Proprietorship**

Not incorporated; In business for yourself

One/single owner; Husband & wife ownership

**Partnership**

2 or more owners; Joint ownership

**Corporation**

Many owners granted permission or chartered to do business by the State acting as one legal body/unit entity with rights and liabilities distinct from the members.

7. **Remittance Address:** [If you registered for the Electronic Funds Transfer, write EFT on Attn line 1 and skip to section 7.]

**Address:** This is the address where your rental assistance payments and correspondence will be mailed. This section may be the name and address of a management company, or individual accepting Section 8 payments on behalf of the person whose TIN is used on this form.

Use the following standard abbreviations:

Avenue	AV	Boulevard	BLVD	Building	BLDG
Drive	DR	Lane	LN	Mail Drop	MD
Place	PL	Post Office Box	PO Box	Road	RD
Street	ST	Suite	STE	North, South, East, West	N, S, E, W

**City:** Enter the CITY, up to twenty characters. If the city is not in the United States, it should be coded with the city name and country. For example, Vancouver, British Columbia is coded Vancouver, B.C., CAN; Mexico City, Mexico is coded Mexico City, Mexico.

**State:** Enter the two character state abbreviation. If the state is not one of the 50 states or the District of Columbia, enter "XX" for the state code.

**Zip Code:** If the address is in the United States, the first five digits of the ZIP CODE are required; the last four digits are optional.

**Contact Person:** This should be the name and phone number of the person that should be contacted when questions arise regarding this form.

8. **Signature:** This application form must be signed and dated by an authorized person.

**\*\*** The address completed on the W-9, Request for Taxpayer Identification Number and Certification, will be where your 1099-MISC (Miscellaneous Income Statement) tax statement is mailed at the end of the year.